Supplementary Materials

for

Discovery of hCES2A inhibitors from *Glycyrrhizae Inflatae via* combination of docking-based virtual screening and florescence-based inhibition assays

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Fig. S1 The dose-inhibition curves for Glycyrrhizae Inflatae (granules) against hCES2Amediated FD hydrolysis in HLM (A) and hCES1A-mediated DME hydrolysis in HLM (B). All data were shown as mean \pm SD of triplicate assays.



Fig. S2. Total ion chromatograph of *Glycyrrhizae Inflatae* granule in negative ion mode.



Fig. S3 The dose-inhibition curves of Isoliquiritigenin (A), Licochalcone B (B), Echinatin (C), Naringenin (D), Gancaonin I (E), Licoflavonol (F), Glycycoumarin (G) and Loperamide (H) against hCES2A-mediated FD hydrolysis. All data were shown as mean ± SD of triplicate assays.



Fig. S4 Time-dependent inhibition assays of Licochalcone A (A), Licochalcone C (B), Licochalcone D (C) and Isolicoflavonol (D) on hCES2A using FD as the substrate. All data were shown as mean \pm SD of triplicate determinations.



Fig. S5 The inhibition kinetic plots of Licochalcone A (A), Licochalcone C (B), Licochalcone D (C) and Isolicoflavonol (D) on hCES2A using FD as the substrate. All data were shown as mean \pm SD of triplicate determinations.



Fig. S6 Dose-inhibition curve of Licochalcone C against intracellular hCES2A in living HepG2 cells. All data were shown as mean \pm SD of triplicate determinations.



Fig. S7 Dose-inhibition curves of nevadensin against hCES1A-mediated DME hydrolysis in HLM. All data were shown as mean \pm SD of triplicate assays.



Fig. S8 Cytotoxicity assay of Licochalcone A (A), Licochalcone C (B), Licochalcone D (C) and Isolicoflavonol (D) in HepG2 cells. All data were shown as mean \pm SD of triplicate determinations.

		Binding	CDOCKER	IC
No.	Compound	Energy	Interaction Energy	IC_{50}
		(kcal/mol)	(kcal/mol)	(μΝΙ)
1	Glucoliquiritin apioside	> 0		
2	Schaftoside	> 0		
3	Glucoliquiritin	> 0		
4	Neoliquiritin*	> 0		>100
5	Glucoisoliquiritin	> 0		
6	Liquiritin apioside*	> 0		>100
7	Liquiritin*	-23.4146	-40.7349	>100
8	5-hydroxyliquiritin	-40.0189	-47.0485	
9	Isoliquiritin apioside	-43.3705	-50.8770	
10	Isoliquiritin	-173.228	-55.6469	
11	Liquiritigenin*	> 0		>100
12	Licochalcone B*	-166.808	-56.216	11.73 ± 1.42
13	Neoisoliquiritin	-72.1795	-38.319	
14	Licorice glycoside B	-88.6195	-24.1624	
15	Licorice glycoside A	> 0		
16	LicoricesaponinO4	ND		
17	naringenin*	-229.693	-49.5519	10.75 ± 2.03
18	Genistein	> 0		
19	Echinatin*	-265.935	-49.8474	3.91 ± 0.31
20	Licorice saponin J2	> 0		
21	24-Hydroxy-licorice-saponin	ND		
	A3	1.2		
22	22-Hydroxy-licorice-sponin	> 0		
	G2	-		
23	Isoliquiritigenin*	-201.558	-49.9137	10.72 ± 1.60
24	Licoricesaponin M3	ND		
25	Formononetin*	-65.4651	-27.327	>100
26	22β-Acetoxylglycyrrhizic acid	ND		
27	23-Hydroxyl licorice saponin E 2	ND		
28	licoricesaponin G 2	ND		
29	22β-Acetoxyl licorice	ND		
20	Saponin J Z	ND		> 100
21				>100
22	Lizzalalace D*	ND		
32	Licochalcone D*	-98./995	-45.2915	0.94 ± 0.11
33	Gancaonin L	-78.5992	-36.9273	

Table S1. The predicted binding energy and CDOCKER interaction energy values of 53 constituents from licorice and Loperamide.

34	Licoricesaponin b2	ND		
35	LicoricesaponinH2	ND		
36	Gancaonin M	-74.1977	-34.1285	
37	Glycycoumarin*	-174.782	-55.4037	6.75 ± 0.88
38	Licoagrodione	-137.442	-36.0848	
39	Licoricesaponin K2	ND		
40	Apioglycyrrhizin	ND		
41	Gancaonin C	-188.469	-46.637	
42	Licochalcone C*	-257.661	-55.0714	0.39 ± 0.04
43	Licoricesaponin C2	ND		
44	Licochalcone A*	-281.533	-55.1037	0.54 ± 0.06
45	Isolicoflavonol*	-294.014	-58.7403	0.60 ± 0.08
46	Licoflavonol*	-292.033	-53.3065	1.28 ± 0.09
47	Isoglycyrol	> 0		
48	Glycyrrhetinic acid 3-O- glucuronide	ND		
49	Gancaonin G	-172.989	-34.4663	
50	kanzonol R	> 0		
51	Licofuranone	-35.9798	-34.3298	
52	Gancaonin I*	-215.515	-54.1744	1.72 ± 0.24
53	Glycyrrhetinic acid	> 0		
	Loperamide	-69.9112	-34.2231	1.22 ± 0.09

Note: ND represented that the small molecule could not been docked into the active cavity of hCES2A. Twenty-four ligands with binding energy less than 0 were further screened by CDOCKER analyses. Seventeen compounds with lower binding energy values and CDOCKER interaction energy values than LPA were shown in blue.

Binding Site	Binding affinity (kcal/mol)
site I	-8.2
site II	-8.0

Table S2. AutoDock vina results of Licochalcone C docked with hCES2A

S1. The ethics policy statement and product report provided by BioreclamationIVT.



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BioreclamationIVT Ethics Policy Statement

BioreclamationIVT has established itself as the leading industry supplier of quality ADME-Tox products to pharmaceutical, government, and academic institutions. BioreclamationIVT maintains strict adherence to all applicable ethical guidelines and regulations, as well as an inherent respect for the origin and dispositions for the materials we possess. BioreclamationIVT does not traffic in human tissue, and as such will only reimburse verified non-profit providers of research tissue for appropriate costs of tissue procurement, preparation, and transportation. BioreclamationIVT has the utmost respect and appreciation for all donated tissues and thus strives to apply the best available technologies, quality control, and business practices to ensure the best and most efficient use of the tissues received from all sources. Unprocessed tissue is never offered for resale. BioreclamationIVT will only market tissue derivatives such as cells and sub-cellular fractions. BioreclamationIVT does not accept any tissues or organs for cell processing that are qualified for transplant. BioreclamationIVT only procures tissue from within the United States, and categorically refuses offers of tissue/organs from any country other than the United States, since effective procurement and informed consent procedures are often lacking or not consistent with the practices and standards of our company. In keeping with this practice, BioreclamationIVT has appropriate procedures in place not only to safeguard the confidentiality of tissue sources, but to ensure the anonymity of any information shared with researchers related to such tissues. BioreclamationIVT educates all company personnel to treat the tissue and organs that we receive with the respect and dignity accorded to its' human origin.

/aun 21/mb

Dan Dryden Director, Product Operations BioreclamationIVT

www.bioreclamationivt.com





InVitroCYP[™] M-class 50-donor Mixed Gender Pooled Human Liver Microsomes, 10 mg

Product Number: X008067

Lot Number	IHG	Storage	Conditions	-70°C
Test Results				
Specificati	on	Resul	t	
20-26 mg/m	L protein concentration	20.9 m	ıg/mL	
≥0.220 nmc	ol/mg total P450 concentration	0.347 r	nmol/mg	
Lot Character	ization Results			
Assay		Enzyn	ne	
		activit	ty	
ECOD:	total rate of formation of 7-HC and metabolites	292	pmol/min/mg	
UGT:	rate of formation of 7-hydroxycoumarin glucuronide	1758	pmol/min/mg	
CYP1A2:	rate of formation of acetaminophen	292	pmol/min/mg	
CYP2A6:	total rate of formation of 7-HC and metabolites	191	pmol/min/mg	
CYP2B6:	rate of formation of hydroxybupropion	105	pmol/min/mg	
CYP2C8:	rate of formation of desethylamodiaquine	950	pmol/min/mg	
CYP2C9:	rate of formation of 4'-methylhydroxytolbutamide	111	pmol/min/mg	
CYP2C19:	rate of formation of 4'-hydroxymephenytoin	37.9	pmol/min/mg	
CYP2D6:	rate of formation of dextrorphan	55.3	pmol/min/mg	
CYP2E1:	rate of formation of 6-hydroxychlorzoxazone	474	pmol/min/mg	
CYP3A4:				
	rate of formation of 6β-hydroxytestosterone	899	pmol/min/mg	
	rate of formation of 1-hydroxymidazolam	335	pmol/min/mg	
Kinatia Davana				

Kinetic Parameters:

CYP	1A2	2A6	2B6	2C8	2C9	2C19	2D6	2E1	3A4	3A4	UGT	UGT	UGT	UGT	UGT
									Tes*	Mid	1A1	1A4	1A6	1A9	2B7
Km	117	1.65	89.6	1.14	208	39.2	12.0	188	105	8.35	14.8	31.7	1870	53.3	2749
V _{max}	0.9	0.954	0.56	1.53	0.043	0.025	0.24	1.01	5.10	2.28	3.64	4.01	44	8.59	9.06
Clint	7.72	578	6.3	1349	0.2	0.6	19.8	5.39	48.7	274	246	126	23.5	161	3.29

 K_m is recorded as $\mu M.~V_{max}$ is recorded as nmol/min/mg protein. Clint is recorded as $\mu L/mg/min.$ * Testosterone at 0.1 mg/mL

Updated to include K_m , V_{max} and Cl_{int} results

Caution: This product was prepared from fresh human tissue. Treat all products containing human-derived materials as potentially infectious, as no known test methods can offer assurance that products derived from human tissues will not transmit infectious agents.

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Donor Demographics, as reported to BioreclamationIVT

			Cause of					Serolog	gy test	ting CMV	Henatitis	Henatitis	
Gender	Age	Race	death	Height	Weight	Social history	Medical history	LDV		CIVIV	В	C	HIV
F	41	н	Stroke	66"	79 Kg	Tobacco or drug use	Appendectomy 16 yrs ago.	Not reported	Neg	Pos	Neg	Neg	Neg
						No ETOH,	HE at birth, 2nd to placental abruption, w/ IDCP, Trach for bronchomalacia at 5 mos; Nissan/g-tube at 2 mos, T&A, PE tubes, seisure disorder, last seizure 2 wks ago, allergy to propofo wirresp distress, Medis: coengrame						
F	5	С	Anoxia	3'8"	40 lb	drug use	Q10, Keppra	IgG +	Neg	Pos	Neg	Neg	Neg
F	38	С	Head Trauma; 2nd to Blunt Injury	5'4"	164lb	ETOH: 4-5 drinks/day x 23yrs; Tobacco: 1 ppd since teen; no drug use.	Circulation problems suggesting signs of MS	Not reported	Neg	Pos	Neg	Neg	Neg
			Plunt Iniung			No ETOH; Tobacco: 3-4	Rib fractures, contusions, pneumothorax, chest tube, occipital dislocation, quadriparesis, positive sputum culture for etcop	Not					
F	35	С	2nd to MVA	68"	196 lb	Marijuana daily	pneumo.	reported	Neg	Neg	Neg	Neg	Neg
F	77	C	CVA	63"	58 Ka	No ETOH, Tobacco or	Appendectomy, hysterectomy, partial gastrectomy, bleeding ulcers, HTN, renal insuff - no meds;	Not	Neg	Pos	Neg	Neg	Neg
F	,,	C	UVA	03	36 NY	ETOH: 1-2 drinks/yr; tobacco: 1- 2ppd x 30yrs - quit 10 yrs ago; no drug	Med: Lasix Heterozygous leiden factor 5 deficiency, HTN x 5yrs, multiple fractures and sxs cervical, clipped nerve, shoulder, thumb, lumbar infusion, knee replacement, pituitary adenoma 1 yr ago, Pos TB skin test - not sure when cleared. Some type of hepatitis after meno, celluitis Meds: vitamins, neurontin, lynca, vicodin, docazosin, deflucan, coumadin, DVT's, fluoxtine, zocov,	Not	INEY	FUS	Ney	Ney	Ivey
F	58	С	CVA	65"	88 Kg	use	zetia.	reported	Neg	Pos	Neg	Neg	Neg
	Caut meth	u on : This p lods can off	roduct was prepar fer assurance that	products de	an numan tiss prived from hi	ue. Treat all products uman tissues will not t	s containing numan-derived ransmit infectious agents.	materials as	potential	iy intectiou	is, as no know	n test	

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			Cause of					EBV	RPR	CMV	Hepatitis	Hepatitis	
Gender	Age	Race	death	Height	Weight	Social history	Medical history				В	С	HIV
F	52	С	Cardiac Arrest; 2nd to Head trauma/Fall	64"	79 Kg	No ETOH, Tobacco or drug use	High cholesterol, diabetes NIDDM x 10yrs - oral meds	Not reported	Neg	Pos	Neg	Neg	Neg
F	58	С	Anoxia; 2nd to pulm embolism	64"	78 Kg	ETOH: 6yrs extensively - 1 gallon of vodka QD, quit 1-1/2 yrs ago; Tobacco: 40 pack yrs; Drugs: Marijuana 1 x 1 month	Positive Tox screen (ETOH/ anti- depressants), bipolar. Meds: antidepressant	Not reported	Neg	Not reported	Neg	Neg	Neg
-	10	-	ICH; 2nd to SAH & cerebral	701		ETOH: social, Tobacco: 1ppd x 20yrs, Drugs: possible	Diabetes - inconsistent w/meds, HTN x 10yrs - non- compliant, bipolar, pituitary tumor 8 yrs ago, renal cell carcinoma - kidney; Meds: Coreg, effexor, ferous sulfate, novolog-insulin, lipitor, lisinopril,	Not		_			
F	40	в	edema	70"	115Kg	marijuana No ETOH or	norvasc, clonidine	reported	Neg	Pos	Neg	Neg	Neg
F	73	С	Stroke	66"	74 Kg	drug use; Tobacco - quit 37 yrs ago	HTN, GERD	Not reported	Neg	Pos	Neg	Neg	Neg
F	65	С	CVA/Stroke; 2nd to ICH/Stroke	63"	87 Kg	No ETOH, Tobacco or drug use	HTN-med compliant, knee replacement 1 yrs ago, back sx for ruptured disk 8 - 10 yrs ago	Not reported	Neg	Pos	Neg	Neg	Neg
						ETOH: Binge drinker - quit 1 yr ago; Tobacco: 2 cigs/day; Drugs: IV drug abuse 1 yr ago, snorted cocaine 9yrs ago, marijuana 3x/wk for	No other medical	Not					
F	35	С	SIGSWH	64"	142lb	years.	history	reported	Neg	Pos	Neg	Neg	Neg
F	78	С	CVA	58"	57 Kg	x 40 yrs - quit; No ETOH or drug use	HTN x 1 yr, high cholesterol, bursitis L hip	Not reported	Neg	Pos	Neg	Neg	Neg
F	56	С	ICH-Stroke	5'5"	152lb	ETOH: Couple glasses wine a day x 3yrs; tobacco: 1ppd x 40 yrs, no drug use	Cardiac disease, Rheumatoid fever 47 yrs ago (treated w/rest)	lgG+	Neg	Pos	HbsAb+	Neg	Neg
F	56	с	ІСН	69"	245lb	No ETOH, Tobacco or drug use	Diabetes and HTN >10yrs - compliant, mild stroke 3 mos ago. Meds: Insulin, HTN	Not reported	Neg	Pos	Neg	Neg	Neg

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			Cause of					EBV	RPR	CMV	Hepatitis	Hepatitis	
Gender	Age	Race	death	Height	Weight	Social history	Medical history				В	С	HIV
							Peripheral artery disease, ESRD, HTN, hyperlipidemia, DM,						
							occlusion, hemodialysis. Meds: Amoxicillin, clopidogrel,						
							carvedilol, folic acid, glimepride,						
F	48	С	CVA	66"	87 Kg	No ETOH, Tobacco or drug use	sertraline, zolpidem, clonidine, amlodipine	Pos	Neg	Pos	Neg	Neg	Neg
					0	ETOH:			0		U	0	0
						occasionally; Tobacco: 1/2 ppd x 10yrs; Drugs: abused							
			Anoxia; 2nd to Cardiac			narcotics,	HTN x 3vrs: non-						
F	39	С	arrest	63"	90 Kg	marijuana	compliant	Pos	Neg	Pos	Neg	Neg	Neg
F	49	A	CVA/Stroke	55"	99 lb	No ETOH, Tobacco or drug use	HTN, DM (6-10 yrs), c-section 8 yrs ago; Meds - possible Anti-HTN.	Not reported	Neg	Not reported	Neg	Neg	Neg
							T2D (NIDDM) x15yrs						
						No ETOH or drug use; Tobacco: >20	 unknown if ompliant, HTN 0- 5yrs - compliant, CHF, thyroid disease, ESRD with dialysis, COPD, emphysema, colonoscopy with cauterization (no cancer), Steven Johnson syndrome 3.5yrs ago, dialysis 						
F	62	С	CVA	64"	179lb	months ago.	w/1 kidney - atrophic	lgG+	Neg	Pos	Neg	Neg	Neg
						No ETOH; Tobacco: 1/2 ppd x 25 yrs; Drugs: Prescription pill abuse, tox screen ps for benzo & opiate,	HTN, chronic back pain, rectal ulcer, IBS, ovarian cancer 16 yrs ago - treated w/ chemo and radiation, UTI, MI x2, seizure secondary to detox, tonsillectomy, hysterectomy, oopherectomy,						
F	43	С	Anoxia	61"	80 Ka	marks noted, denied IVDA	Meds: methadone,	Not reported	Nea	Not	Nea	Nea	Nea
		-				ETOH: 3-4 glasses of wine/day x 30yrs: No			- 3		- 3	-3	3
F	74	С	Head Trauma	65"	53 Kg	tobacco or drug use	No history provided.	Pos	Neg	Pos	Neg	Neg	Neg
	Caut meth	ion : This p ods can of	product was prepar fer assurance that	red from fres	sh human tiss prived from hi	sue. Treat all products	s containing human-derived transmit infectious agents.	materials as	potentia	lly infectiou	s, as no know	n test	

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			Cause of					EBV	RPR	CMV	Hepatitis	Hepatitis	
Gender	Age	Race	death	Height	Weight	Social history	Medical history				В	С	HIV
F	71	С	ІСН	67"	132Kg	ETOH: 3 glasses wine QDx50 yrs; Tobacco - quit 25 yrs ago ; no drug use	Knee replacement, hysterectomy, 5 yrs ago-long plane fit- DVT in leg - progressed to PE. Meds: Coumadin, Paxil	Not reported	Neg	Pos	Neg	Neg	Neg
F	63	С	Anoxia; 2nd to Cardio- vascular	69"	100 Kg	No ETOH, Tobacco or drug use	HTN - med compliant, unknown med names	Not reported	Neg	Pos	Neg	Neg	Neg
F	73	С	CVA	59"	60 Kg	ETOH- Occasional; Tobacco: 1ppd x 20-30 yrs; no drug use	High Cholesterol, hysterectomy 45 yrs ago, benign cyst in breast. Meds: Lipitor.	Not reported	Neg	Neg	Neg	Neg	Neg
F	70	С	ICH/Stroke	66"	89 Kg	No ETOH; Tobacco: 1 ppd x 25-30yrs - quit 3 months ago; no drug use	Hypothyroidism, HTN, Hyperlipidemia, knee surgery 8 mos. ago, extremely dry skin. Meds: cortisone, synthroid, aspirin, lipitor	Not reported	Neg	Pos	Neg	Neg	Neg
М	49	С	CVA	75"	110Kg	Tobacco: 2ppd x 30 yrs; No ETOH; smoked marijuana and cocaine abuse	Untreated HTN, chronic back pain, appendectomy; Meds: Ambien	Not repor- ted	Neg	Pos	Neg	Neg	Neg
М	49	С	CVA	70"	256lb	No ETOH, Tobacco or drug use	HTN x 10yrs, Diabetes 6-10yrs, CAD. Meds: anti- HTN, diabetes	Not reported	Neg	Neg	Neg	Neg	Neg
М	54	С	ICH	73"	125Kg	ETOH: quit 3 yrs ago; Tobacco: 1 -2 ppd x 35 yrs; No drug use. ETOH: Alcoholic;	2x GSW injuries, gall bladder & appendix removed	Not reported	Neg	Neg	Neg	Neg	Neg
М	29	С	GSW	69"	94 Kg	Tobacco: 1 ppd x 8 yrs; no drug use	Depression	Not reported	Neg	Neg	Neg	Neg	Neg
М	85	С	Head Trauma; 2nd to Fall from roof	68"	251lb	No ETOH or Tobacco use. No drug use reported, but tox screen positive for benzos and opiates	NIDDM >10yrs, HTN >10yrs - compliant, ruptured bladder - 35 yrs ago, ruptured gallbladder 3 yrs ago, Cataracts-bilat. Meds: Oral meds for diabetes, HTN	lgG+	Neg	Pos	Neg	Neg	Neg
						No ETOH,	Tooth extraction, CABG, end stage renal disease x 7 yrs, CAD, pneumonia 1 yr ago, HTN x 25 yrs, enlarged heart >15 yrs, IDDM, heart bypass 2 yrs ago, high blood pressure >	Not	-		-	-	
М	56	В	CVA	71"	103Kg	drug use	25 yrs, previous pos skin test for TB	reported	Neg	Pos	Neg	Neg	Neg
	Caut	ion : This p	roduct was prepar	red from fres	h human tiss	ue. Treat all products	s containing human-derived	materials as	potentia	lly infectiou	is, as no know	n test	

methods can offer assurance that products derived from human tissues will not transmit infectious agents.

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Gender	Age	Race	Cause of death	Height	Weight	Social history	Medical history	EBV	RPR	CMV	Hepatitis B	Hepatitis C	HIV
м	64	с	CVA	74"	150 Kg	ETOH: 2 beer/year; Tobacco: 4ppd x 15 yrs previously - quit 20 yrs ago; no drug use	Sq cell CA removed on hands 6 mos. ago, NIDDM x 10 yrs, HTN 15-20 yrs, PVD, Osteoarthritis, Bilat knee repl., kidney stones removed 33 yrs ago; Meds: Glucoside, quananine, isosorbine, metaprolol, aspirin	Not	Neg	Neg	Neg	Neg	Neg
м	56	С	Anoxia 2nd to Cardio- vascular	5'1"	86 Kg	Tobacco: cigarettes 2 PPD x 40 yrs, quit 1.5 yrs ago; No alcohol and drug use	Asthma, diagnosed 2 yrs ago, unk if compliant w/ treatment; COPD; Meds: Vit B & C, Albuterol inhaler, SMZ with Phenazopyridine.	Not reported	Neg	Pos	Neg	Neg	Neg
м	45	с	Anoxia; 2nd to Asphyxiation	6'2"	152lb	ETOH: (Beer, Vodka) 6-12 pack beer/day; unknown duration; occasionally drank vodka; Tobacco: 2-3 PPD, unk duration; no drug use reported.	Stomach ulcers - unknown duration or compliance. Meds: Promethazine	IgG +	Neg	Pos	Neg	Neg	Neg
М	77	С	CVA	71"	118Kg	ETOH: beer 2- 3/night x 40yrs - quit 10yrs ago; Tobacco: 3ppd x 10yrs - quit 50yrs ago; no drug use	HTN x 15yrs, high cholesterol, past heart attack, diabetes 10-15 yrs, CABG 15 yrs ago, cataracts 1 - 2 yrs ago, toe surgery, renal insufficiency, CVA,TIA 10 yrs ago, allergic to penicillin, blood transfusion during CABG, arthritis in hips, fingers, spine; exposed to asbestos in past. Meds: HTN meds, Humalog, Lantis, Aranesp, ASA, Calcitrol, Lasix, Hytrin, Lipitor, Diovan, Niaspan ER, Tencimin, Cournadin, Vit. B.	Not	Neg	Pos	Neg	Neg	Neg
						ETOH: daily to weekly, beer moderately; Tobacco: smoker x 30 yrs; Drugs: mariuana in	T2D x 1 -2 yrs- compliant, kidney stones HTN x 10	Not	5			0	
	51	С	CVA	70"	161lb	80's	vrs - compliant	reported	Neg	Neg	Neg	Nea	Neg

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			Cause of					EBV	RPR	CMV	Hepatitis	Hepatitis	
Gender	Age	Race	death	Height	Weight	Social history	Medical history				В	С	HIV
м	59	AA	ICH; 2nd to CVA	6'	89 Kg	ETOH: Beer/Wine, quit > 25 years ago; Tobacco: quit > 25 years ago; Drugs: quit > 25yrs ago	HTN - unknown duration	Not reported	Not repor- ted	Pos	Neg	Neg	Neg
			Head Trauma/			1-2 liters, beer 12-18 (per day?) cans since young age. Heavy drinking began 12 yrs ago. Tobacco: Chew 2-3 cans per day x 31yrs; no	HTN x5yrs - non- compliant. Meds: HBP, possible pain						
м	44	С	GSW Blunt Head	70"	71.4Kg	drug use. ETOH: 3-5 beers socially on weekends; Tobacco: 1-2 ppw x 15 yrs; Drugs: none reported but positive for THC on Admit and	meds Hernia repair - 1 yr ago, eyelid	IgG+	Neg	Neg	Neg	Neg	Neg
м	38	С	Trauma; 2nd to MVA	74"	124Ka	benzos (after ACLS meds)	laceration - 16 yrs ago, c/o stiff knees	Not reported	Nea	Neg	Neg	Neg	Nea
м	51	C		70"	20816	ETOH: as a teen; no tobacco use; Drugs: Marijuana as a	Diabetes Type II, HTN x 6yrs, noncaseating	Not	Neg	Pos	Neg	Neg	Neg
W	51	0	Head trauma; 2nd to	10	23010	ETOH: 1-2 per month; Tobacco: 2ppd x 25yrs; Drugs:	Pero-anal abscess 1 week ago, feliculitis, bronchitis 1 month ago, chronic back	Not	Neg	103	Neg	Neg	Neg
М	41	С	head	74"	90 Kg	per week.	pain, non-cancerous lypoma.	reported	Neg	Pos	Neg	Neg	Neg
м	59	С	CVA	68"	218lb	No ETOH or drug use; Tobacco: 3ppd	Prostatectomy, coronary artery disease, HTN- compliant, cardiac stents, COPD & emphysema. Meds: Inhalers	Not reported	Neg	Pos	Neg	Neg	Neg
			CVA 2nd to			ETOH: few beer/month x 4 years; no Tobacco or	HTN-inconsistent compliance w/ meds (4 yrs), Type 1 IDDM - inconst. compliance w/ meds (4 yrs), Carpal Tunnel Sx 2 yrs ago, Hear Attack 4 yrs ago; Meds: HTN meds, Insulin, counadin, over the counter prostate/urination	Not					
м	53	С	ICH	72 "	100Kg	drug use	meds.	reported	Neg	Neg	Neg	Neg	Neg
	Caut	ion: This p ods can of	product was prepar fer assurance that	ed from fres	sh human tiss prived from hu	ue. Treat all products	s containing human-derived ransmit infectious agents.	materials as	potential	lly infectiou	is, as no know	n test	

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			Cause of					EBV	RPR	CMV	Hepatitis	Hepatitis	
Gender	Age	Race	death	Height	Weight	Social history	Medical history				В	С	HIV
М	78	С	Anoxia	73"	244lb	No ETOH, Tobacco or drug use	HTN x 10yrs, CAD, Gl disease, black lungs.	Not reported	Neg	Pos	Neg	Neg	Neg
М	60	С	CVA/Stroke	70"	90 Kg	ETOH: Occasional in the last 5 yrs, 1 glass wine or cocktail 2x/week, also mos without drinking;no tobacco or drug use.	Partial right lung lobectomy 7 yrs ago - streptococcus, recent ear infection, flu shot, recent levoquin for possible positive blood culture. Meds: Amoxicillin	Not reported	Neg	Pos	Neg	Neg	Neg
м	45	С	CVA 2nd to ICH	5'9"	220lb	No ETOH; Tobacco: 1 - 1 1/2 PPD x 28 yrs; Drugs: poss Marijuana use as per historian, unk amt, frequency, duration	HTN dx 1yr ago - unk if compliant w/ meds. Meds: Tylenol Cold/Sinus, Antacids	Neg	Neg	Neg	Neg	Neg	Neg
м	51	С	CVA; 2nd to ICH	5'10"	192 lb	ETOH: 4 cases beer per wk x19 yrs; Tobacco: 2 ppd x 30 yrs; no drug use	Coronary Artery Disease - stents placed 2 yrs ago, Hypertension x2yrs - non-compliant, recent kidney issues - dehydration due to pancreatitis, dialysis 1X earlier this year. Meds: Meds for Hypertension & Plavix - recently stopped taking meds.	lgG+	Neg	Pos	Neg	Neg	Neg
М	50	С	ICH	71"	109Kg	ETOH: Alcohol Abuse; No tobacco or drugs	HTN. Meds: none noted	Pos	Neg	Pos	Neg	Neg	Neg
м	24	С	Anoxia; 2nd to Stroke	72"	129Kg	ETOH: socially; Tobacco: 1 -2 cig occasionally; no drug use.	Valve replacement. Meds: Coumadin	Not reported	Neg	Pos	Neg	Neg	Neg
М	56	С	Head Trauma; 2nd to fell down stairs	70"	160lb	ETOH: 2-3 beers/day; Tobacco: 1ppd x 26 yrs; no drug use	High Cholesterol, High Blood Pressure, recent Bypass-Groin; Meds: Plavix, Fish Oil, Cholesterol meds	Not reported	Neg	Neg	Neg	Neg	Neg

Caution: This product was prepared from fresh human tissue. Treat all products containing human-derived materials as potentially infectious, as no known test methods can offer assurance that products derived from human tissues will not transmit infectious agents.

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S2 Gene test report of HepG2 cells used in this study.



Cell Line Authentication Service STR Profile Report

Sample Submitted By:	Dr. Guangbo Ge Shanghai University of Traditional Chinese Medicine		
Email Address:	geguangbo@dicp.ac.cn		
Sales Order:	190313C		
Cell Line Designation:	HepG2		
Date Sample Received:	Mar 13 th , 2019		
Report Date:	Mar 14 th , 2019		
Methodology:	Nineteen short tandem repeat (STR) loci plus the gender determining locus, Amelogenin, were amplified using the commercially available EX20 Kit from AGCU. The cell line sample was processed using the ABI Prism® 3130 XL Genetic Analyzer. Data were analyzed using GeneMapper® ID v3.2 software (Applied Biosystems). Appropriate positive and negative controls were run and confirmed for each sample submitted.		
Data Interpretation:	Cell lines were authenticated using Short Tandem Repeat (STR) analysis as described in 2012 in ANSI Standard (ASN-0002) by the ATCC Standards Development Organization (SDO) and in Capes-Davis et al., Match criteria for human cell line authentication: Where do we draw the line? Int J Cancer. 2013;132(11):2510-9.		

GTB[™] performs STR Profiling following ISO 9001:2008 and ISO/IEC 17025:2005 quality standards. There are no warranties with respect to the services or results supplied, express or implied, including, without limitation, any implied warranty of merchantability or fitness for a particular purpose. Genetic Testing Biotechnology (GTB) is not liable for any damages or injuries resulting from receipt and/or improper, inappropriate, negligent or other wrongful use of the test results supplied, and/or from misidentification, misrepresentation, or lack of accuracy of those results. Your exclusive remedy against GTB and those supplying materials used in the services for any losses or damage of any kind whatsoever, whether in contract, tort, or otherwise, shall be, at GTB's option, refund of the fee paid for such service or repeat of the service.

NOTE: According to the recommendations of IJC on cell line autentication, the report is valid for four years since the issue date.

Technical Questions? GTB Technical Support +86-512-67486171 service@jsdna.org Section 505, Yixin BLD SIP, Suzhou, 215123 Jiangsu, P.R. China

Ordering Questions? order@jsdna.org **GTB** Corporation +86-512-62806339 Section 303, Yixin BLD SIP, Suzhou, 215123 Jiangsu, P.R. China



Cell Line Authentication Service STR Profile Report

					Sale	s Order: 190313C	
Test Results for Submitted Sample				DSMZ	DSMZ Reference Database Profile		
Loci	Query Profile: HepG2		Database Profile: HepG2				
Amelogenin	Х	Y		х	Y		
D3S1358	15	16					
D13S317	9	13		9	13		
D7S820	10			10			
D16S539	12			12	<u>13</u>		
Penta E	15	20					
TPOX	8	9		8	9		
TH01	9			9			
D2S1338	19	20					
CSF1PO	10	11		10	11		
Penta D	9	13					
D19S433	15.2						
vWA	17			17			
D21S11	29	30	31				
D18S51	13	14					
D6S1043	13						
D8S1179	15	16					
D5S818	11	12		11	12		
D12S391	21	25					
FGA	22	25					

The allele match algorithm compares the 8 core loci plus amelogenin only, even though alleles from all loci will be reported when available.

Note: Loci highlighted in grey (8 core STR loci plus Amelogenin) can be made public to verify cell identity. In order to protect the identity of the donor, **please do not publish** the allele calls from all the STR loci tested.

Explanation of Test Results

Cell lines with \ge 80% match are considered to be related; i.e., derived from a common ancestry. Cell lines with between a 55% to 80% match require further profiling for authentication of relatedness.

- $\hfill\square$ The submitted sample profile is human, but not a match for any profile in the DSMZ STR database.
- \Box The submitted profile is an exact match for the following human cell line(s) in the DSMZ STR database (8 core loci plus Amelogenin):
- $\fbox{\sc red}$ The submitted profile is similar to the following DSMZ human cell line(s): HepG2 (94% match)

e-Signature Technician: CRLL LINE AUTHENTICATION e-Signature Technician

Digitally signed by Faye Wong DN: cn=Faye Wong, o=Genetic Testing Biotechnology (Suzhou), ou=DNA Typing Section, email=order@jsdna.org, c=CN Date: 2019.03.14 09:51:58 +08'00' Digitally signed by Alan Cui DN: cn=Alan Cui, o=Genetic Testing Biotechnology (Suzhou), ou=Supervision Section, email=service@jsdna.org, c=CN Date: 2019.03.14 09:52:34 +08'00'



More information

Addendum: Electropherogram for the customer's sample set 1 of 1

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Ver. 3.1.2



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Ver. 3.1.2